

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
OLP/E CLASSIFIER		213	4/19/01
FORMALITY REVIEW	LLK	1024	5-10-01

INDEX OF CLAIMS

✓ _____ Rejected
 - _____ Allowed
 + (Through numeral) Canceled
 - _____ Restricted
 H _____ Non-elected
 I _____ Interference
 A _____ Appeal
 O _____ Objected

Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here.

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